

# Seeking solutions to self-injury



## A GUIDE FOR SCHOOL STAFF

**UQ Group for Suicide Prevention Studies**

**Centre for Clinical Neuroscience and Psychiatry  
The University of Queensland**

# SEEKING SOLUTIONS TO SELF-INJURY: A GUIDE FOR SCHOOL STAFF

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# 1. WHAT IS THIS BOOKLET ALL ABOUT?

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- *Do you suspect a young person in your school self-injures?*
- *Are you confused about why someone would self-injure?*
- *How do you help young people who self-injure?*

Self-injury can be a confusing behaviour, and it can be really worrying when someone you know self-injures. This guide was developed to help school staff (principals, teachers, school nurses, psychologists etc.) understand self-injury, and find some effective ways to intervene.

In preparing this guide we consulted families, health care professionals, school staff and parents of young people who self-injure, as well as the young people themselves. In this way, we have gained a good understanding of self-injury, and what young people want from people who care about them.

This booklet explains self-injury and provides some useful tips and resources for school staff. We hope you benefit from the information we provide.

## 2. WHAT IS SELF-INJURY?

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Self-injury is a term that can mean different things to different people, including:

- *Deliberate destruction or alteration of body tissue without suicidal intent*
- *Non-suicidal self-injury (NSSI)*
- *Self-mutilation, auto-aggression*
- *Deliberate self-harm (DSH). This term is commonly used to describe the phenomenon, but usually includes attempts to suicide, sometimes called parasuicide.*

Our focus here is on self-injury with no wish to die. We do not include alcohol abuse or anorexia nervosa as self-injury, although we understand it can be argued they are both forms of self-abuse or self-injury. Our focus is primarily on cutting, scratching, self-punching/hitting/slapping, hitting a part of the body on a hard surface, biting, burning, ingesting chemicals or substances or otherwise damaging the body to relieve bad feelings inside.

### 3. WHO IS LIKELY TO SELF-INJURE?

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There is no particular type of person more likely to self-injure. While people who self-injure tend to begin as an adolescent or young adult, our research shows that adults and older people also self-injure. Males and females, rich and poor people, and people from different cultural backgrounds - all can self-injure.

You don't have to have a mental illness to need to self-injure. However, a large national study conducted recently found that some people are more at risk for self-injury:

- *Those who are psychologically distressed*
- *Those with mental disorders or symptoms (e.g. anxiety, depression, post-traumatic stress, eating disorders, dissociation or personality disorders)*
- *Those who misuse alcohol or other substances*
- *Those who have experienced childhood trauma or abuse*
- *Those who cannot identify or communicate their feelings*
- *Those who tend to cope with stress by blaming themselves*
- *Those who do not feel comfortable asking their family for support during times of stress*
- *Those who tend to be impulsive*
- *Those who do not identify as heterosexual*

The idea here is that risks do not cause the problem. Rather, risks tend to be cumulative, and each one contributes to an increased likelihood of the act of self injury occurring in the first place, or an increased likelihood of repetition. We believe that if you are able to help someone reduce some of the risks, and sort out any problems, then they may not resort to self-injury or the episodes may be reduced.

Perhaps what is most important is to discover what protects people from needing to self-injure in the first place, or what may reduce the likelihood of self-injury, or perhaps reduce the likelihood of repetition or increasing severity.

We do know that ‘supportive family and friends’ is the most common reason given by those who manage to give up self-injury. We know that connection with family and friends supports people through bad times. If young people feel they are ‘connected’ (that is not ‘isolated’), and know they can phone a friend to talk things through, this will go some way to protect them. In fact, being part of any caring group, with some common purpose, and where they gain some sense of meaning, can be helpful even if they don’t tell anyone they self-injure. School staff are in a prime position to offer a supportive and caring environment to students who self-injure.

In the future we will probably have a much clearer picture of how lifestyle, diet, medications, family relationships, peer relationships, early childhood experiences and personality all fit together for someone who self-injures. We will be better at helping people to access the support and therapy they need. We are also likely to improve our knowledge of which therapies work best for young people and their families. But for now, we probably have to work case by case, person by person, family by family, a bit ‘trial and error’. The critical thing is that there is at least one person, trusted by someone who self-injures, and who is willing to stay for the whole journey, someone in whom they can confide.



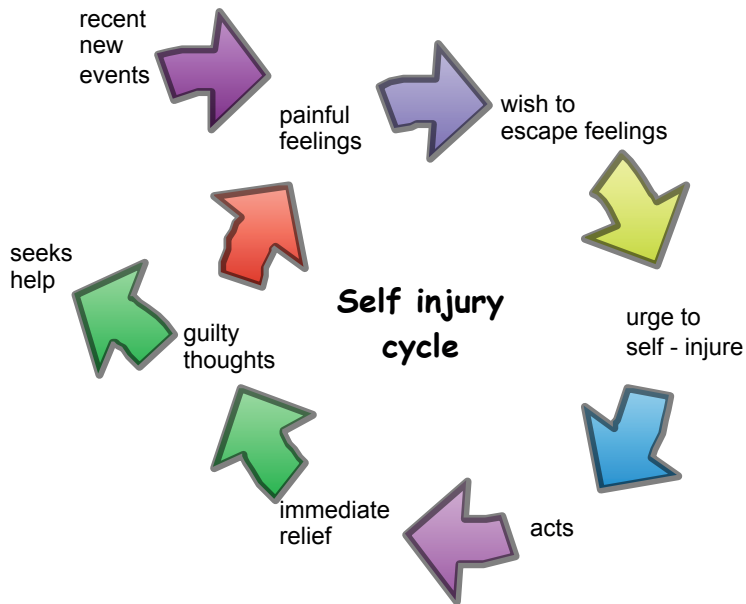
## 4. WHY DO PEOPLE SELF INJURE?

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Self-injury is relatively common. Our recent research has shown that about 8.1% of Australians claim to have self-injured at some time, and that 0.6% admit to hurting themselves more than once in the previous month (this is an estimated 102,000 Australians). The research also found that there are many reasons someone might self-injure. These include:

- *Releasing unbearable mounting tension*
- *Relieving feelings of aloneness, alienation, hopelessness, or despair*
- *Combating desperate feelings or thoughts*
- *Discharging rage or anger*
- *Self-punishment – either because they feel bad inside and cannot change the feeling, or in some way to purify the inner self*
- *Attempting to feel alive again, the external injury accompanied by pain brings them back to reality*
- *Regaining a sense of control over inner feelings or some sense of having ‘lost it’*
- *Self-soothing; after the damage finding ways to look after the wounds and therefore themselves*
- *Reconfirming of personal boundaries and a sense of self*
- *Communicating with others; letting them know how bad they were feeling, but could not express in words*
- *Expressing conflict*
- *Bringing them ‘back’ from dissociative states*

Liebenluft et al (1987) provide a useful 5-stage description of self-injury that can be helpful in understanding the experience of these behaviours:



Adapted from: Liebenluft, E., Gardner, D. L., & Cowdry, R. W. (1987). The inner experience of the borderline self-mutilator. *Journal of Personality Disorders* 1, pp. 317–324.

This picture describes how a person can get into a cycle of self-injury.

- 1. The cycle begins with a new event (usually involving feeling of loss, rejection or abandonment). This may remind the person of an old problem. The upset feelings increase over time despite attempts to think about something else, or otherwise avoid them.*
- 2. The pain becomes intolerable (sometimes called 'psych-ache') maybe developing into depression, or alternatively, anger. A feeling of emotional numbness may become part of the picture.*
- 3. Alternative ways to reduce the pain fail, and though all sorts of attempts are made to avoid self-injury, a critical level is reached and the urge to self-injure (having maybe appeared to work in the past) becomes the 'only alternative'.*
- 4. The aftermath may involve an initial feeling of relief, but this is usually short lived. Guilty thoughts creep in, and friends and family may be avoided. Sometimes at this point there may be 'an urge to tell', or even a search for help. If help is not recognised or is actively spurned, then the cycle may begin again.*

Self-injury occurs for a number of different reasons, and a number of different theories have been proposed to better understand and explain it. These include: biological influences, or differences in how the brain works (perhaps genetic, but also some people think it may be dietary); internal conflicts (arguments within ourselves) about which we are not always aware; old patterns of behaviours that we have learned over time; and influences in our social and cultural environment.

**Biological:** Psychological trauma from old painful events in our lives can affect the brain and the body in powerful, subtle and enduring ways. With a sensitised biology, the person may then experience more stress than others in a new situation, or find it difficult to manage their anxiety. Change is possible but means focusing on, or resolving, the earlier trauma, and learning new strategies to manage stress and achieve mind-body balance.

**Psychodynamic:** Some people who have had rough times in their early days ('vulnerable' individuals) may experience a new situation according to an old family pattern or personal experience (i.e. they relive the original problem). They react as they did in the past, just automatically. Hidden old tensions in the mind, old anxieties, and old patterns of behaviour can be difficult to identify, difficult to bear and difficult to sort out. These 'vulnerable' individuals may have an increased need for self-soothing to calm down. Sometimes (often initially by accident) self-injury can become a self-soothing mechanism. Change here is focused on raising awareness about these old internal conflicts and patterns, and finding relief and comfort in safer, less destructive ways of self-soothing.

**Behavioural:** Self-injury can become a learned behaviour and sometimes a habit. One method which may lead to change is focused on replacing self-injury with something a bit less destructive, and reinforcing healthier habits for coping both emotionally and practically. The changes are made slowly, bit by bit.

**Social and Cultural:** Self-injury is more common in marginalised and oppressed people and cultural groups. Change in this case is focused at a different level - on cultivating a more just society, facilitating release of anger and grief that may be associated with disempowerment, trying to enable the person to find effective power strategies such as through social action.

Perhaps the best way to understand the experience of people who self-injure is to listen to what they have to say about it:

**“Some people say it’s to seek attention. So why am I so careful to hide it all the time?”**

- *Some young people tell us they really don’t know why they self-injure*
- *Most hide while self-injuring, doing it at a time of day or somewhere private or where they feel they will be less likely to be discovered*
- *Some say it is an impulsive act; some talk about having a ritualised way of doing it*
- *Most feel bad in some way before the act of self-injury (e.g. depressed, stressed, angry, memories of trauma), and that everything ‘builds up’*
- *Some talk about feeling no physical pain during the act of self-injury, while others say they need to feel the physical pain to ‘make all the feeling stuff go away’*
- *Some feel good while cutting; some don’t*
- *Some say the sight of their own blood makes them feel real, where before they felt like they were not part of life*
- *Some are not able to describe the experience, as if they have switched off during the act*
- *Many feel release or relief immediately after self-injury, but many also talk about feeling ashamed or even frightened afterwards*
- *Most cover up their self-injury scars / wounds (e.g. long sleeves in summer, lots of bracelets)*

Every young person we have talked to agrees that self-injury is not about 'seeking attention'.

***“Sometimes I get so angry, I just need to hit something; the pain over the next few days seems to help me focus on stuff...”***



***“I don’t want to keep on doing this, but so far I haven’t found anything else that works. I tried going to a group, but I got scared; I just couldn’t tell strangers... They wouldn’t understand...”***

## 5. HOW DO I KNOW IF A STUDENT SELF-INJURES?

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It is not always obvious if someone is self-injuring. However there are some signs that might help you work out that a student is not coping well. These might include:

- *Being withdrawn, more private or quieter than usual*
- *Not participating in activities they usually participate in*
- *Mood changes, up one minute down the next*
- *Getting angry or upset easily*
- *A history of a significant event (such as breaking up with a boyfriend/girlfriend)*
- *Not coping well with school work when they have in the past*
- *Unexplained cuts or scratches*
- *Covering up parts of the body (e.g. wearing long sleeves on a hot day)*

If you are concerned about a student, the first step always is to talk with them and offer support. If you feel this is not enough, you should encourage them to talk as well to a school counsellor/school nurse or parent or show them the resources at the back of this booklet.

If you are really concerned about them, or worried they may be in danger, you may have to decide to talk to your principal, a deputy or a school counsellor/school nurse.

## 6. SAFELY TALKING ABOUT SELF-INJURY

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It is clear some school staff are concerned that talking openly in a group or in class about self-injury will actually make it worse. There may be some truth in this. Some people fear that self-injury is 'contagious' and that talking about it will lead to a spread of ideas and an increase in the behaviour in their school.

It is true that self-injury can sometimes seem to occur more commonly within friendship groups, and that young people can get the idea to self-injure from a friend, a book, the internet or a movie. However when we ask young people what school staff can do to help someone who self-injures they invariably say they want to talk to their teachers and other school staff about it. Talking one to one is unlikely to be harmful.

Self-injury can be frightening and difficult to understand; hopefully the information in this guide helps you understand self-injury a little better. It is trickier to know precisely what to do when someone is hurting themselves, so we suggest some practical things you may like to consider.

What is most important is that you 'are there for' the student. Listen, don't judge, don't cringe, don't freak out, try to understand; try to accept that, for the young person, the choice may seem to be the only one. Along the way all of us are trying to help them find alternatives - an old solution that worked in the past, or a new solution they may not yet have considered.



## What are the steps?

- *Talk openly with the person in private; don't hold back or pretend you have not noticed. You may have to choose the right moment, and an aggressive or intrusive approach will not help*
- *Explore the best understanding you can reach about why they have hurt themselves. You may have to wait for the right opportunity, and would not want to explore these things over and over; that is not helpful for you or your student*
- *Be understanding rather than judgemental. You have to listen to their side of the story, and try to make sense of it from their point of view. Their life experience may have been very different from your own*
- *Let them know you are always there to listen*
- *Let them express their feelings (anger, sadness, frustration etc.). Sometimes it is blowing off steam; sometimes there are serious things to be angry about. Either way, 'getting it off their chest' will be really helpful. This may be uncomfortable for you, but if your goal is to really help things change, then as an adult, you may have to put up with some discomfort*
- *Offer to go with them to talk to a counsellor or school nurse; it just may help them to take that first step*
- *Offer to help them talk to their parents; this may mean setting up a meeting with you, the student and their parents. It is important to gain the permission of the student before contacting their parents*
- *Share the resources at the back of this book*

## 7. WHAT DO I DO IF A STUDENT SELF-INJURES?

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What we have discussed so far is really a set of guidelines about the immediate action you take at the time of recognition. But in school systems, there are levels of authority, and there should be policy that will guide your actions. All of this must be considered in the context of an individual's personal rights, the rights of the family, and the ethos of the school regarding all of the young people in your school.

**Who needs to know; who does not?** The Principal or a deputy will need to know as soon as possible. They can advise on policy, but they will also make sure that all reasonable steps are taken to inform the people who need to know, support other students, and control the flow of information.

An important consideration is whether or not to let parents or guardians know about the incident. This should be discussed early, and the principal or deputy should decide on the ordering of the steps being taken.

**Physical issues.** If there is an open wound of any nature, this will have to be cleaned, and covered; this can be done by the school nurse or someone with first aid training. If a cut needs suturing, then arrangements will have to be made with a school doctor, or a local emergency department.

An adult (a staff member or a family member) should accompany the young person to ensure that the hospital processes are followed through without stigma or verbal abuse to the young person. After all they do not need system-induced trauma to add to their other problems. Emergency departments may see self-injury as minor (and in any case self-induced), and therefore able to be left till later (especially if they are particularly busy at the time you arrive).

But waiting many hours in an ED can be traumatising – from the frustration of waiting, and all the sights and sounds. Your presence may ensure timely action, and a degree of respect for your student.

**Confidentiality.** As a teacher, you deal with the immediate problem. Make it clear to the student up front that, if you consider they are in personal danger, you are obliged to tell a number of people about your concerns (principal or deputy, parents). You don't have to tell every detail given to you by the student, but you have to convey your opinion. One way to deal with confidentiality is to openly discuss with the student who you will have to talk with, and precisely what you would like to say (your opinion); try to reach agreement.

**Safety.** After you have taken this step, it is important to provide immediate safety. If the young person has self-injured, they may already be feeling some emotional relief, and therefore unlikely to self-injure again in the next few hours. Nevertheless, they should be offered some support, while you sort out the administration process. The school counsellor, chaplain, school-based youth health nurse or even a senior student may provide this, with the principal's support.

**The longer term.** Once the immediate concerns have been dealt with then there is a need for a plan – for the self-injurer, their family, their friends and associates. There may be a need to provide education and support to teaching staff, given they will need to be on the alert for further incidents, or copycat events. Each of these areas is best considered by a small group set up by the principal. Self-injury in itself may not be a matter of life and death, but it is a risk factor for suicidal thinking and behaviour if it is not dealt with successfully. Therapy outside the school may be needed. The longer it goes on without resolution of underlying problems, the more this is true.

**What do other students need to know?** Schools are closed environments, and although it is uncommon, we need to be aware that copycat events (contagion) do occur. This may happen because the prime student (the self-injurer in this case) is seen to receive considerable attention. For other struggling and/or needy students this may lead to jealousy.

So, it is important to provide knowledge without glorifying the problem. It is not necessary to make public statements of any sort, but for those students who ask, a short truthful and rather boring statement will reduce the risk of copycat. ("X is struggling with some emotional problems at present. We have informed her family, and are working with them to help change things.") The 'informed her family' is important, because it is factual, but also because a few students may want family to know about some of their struggles.

**The Friendship Group.** These young people may need a bit more. So a short meeting with them as a group, followed by each of them having the opportunity from time to time to vent current problems for 15 minutes after school to a teacher or counsellor, may serve to allay fears, and keep the situation under control.

## 8. WHAT MIGHT STOP SELF-INJURY?

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There is an old song where the chorus line begins: “Accentuate the positive....” In truth this may be an important part of helping to reduce self-injury.

The list below identifies protective factors that may help to motivate and support a person who self-injures. We recommend you give each idea very careful consideration with regard to students in your school.

- *Physical wellbeing, good nutrition, sleep and exercise*
- *Secure, appropriate and safe accommodation*
- *Physical and emotional security*
- *Reduced or zero alcohol, tobacco and other drug use*
- *Positive school climate and achievement*
- *Supportive caring parents, or another family member*
- *Good problem-solving skills*
- *Optimism, a sense of hopefulness for the future*
- *Pro-social peers (people who want to be part of friendship groups and contribute to local groups and society)*
- *Involvement with a significant other person (someone the student trusts who gives meaning in their life)*
- *Availability of opportunities at critical turning points or major life transitions (e.g. getting a job after school)*
- *Meaningful daily activities*
- *Sense of purpose and meaning in life*
- *Sense of control and efficacy (what you do achieves what you set out to do)*
- *Financial security*
- *Lack of exposure to environmental stressors*
- *Good coping skills*

A number of other things have been suggested by people who self-injure. Some of these will work with some people some of the time. They are suggestions....

**Rituals to replace self-injury.** Rituals, or behaviours that are regularly performed in a set manner, can play an important role in adding meaning to our lives. They help us reflect on how we feel and how we relate to other people.

For some people, self-injury can function as a sort of ritual; a little process they have to complete before they can get on with their day. Finding alternative less damaging little rituals may offer the person an escape from present distress as well as comfort and care. And they may end up with fewer long-term scars!

Here are some examples:

- *Suggest getting up at dawn, looking out the window, and when they see the first rays of light from the sun, make a promise to achieve something good that day. (Okay so which young people get up at dawn? You might be surprised. Anyway the idea is to help your student start each day with a good promise to themselves.)*
- *Suggest making a ritual of writing letters of forgiveness as a way of putting painful memories to rest or letting things go. Everyone has had times of being hurt by another person, and when we remember them we usually feel negative feelings, even if it is only "I wish it had not happened". When we forgive someone for their stupidity, destructiveness and anger, it actually does help us. The funny thing is that your student can write the letter or email, and not send it, and it still makes them feel better. Try it for yourself. There is actually an online version of this for young people at ReachOut.com. It is an email service in the form of a rocket into space. You write whatever you want*

*(as nasty as you want), forgiving or not, and you can name names. When you press the 'send' button the email disappears into cyberspace. Literally thousands of young people have used the service over the last 10 years, and feedback has been very positive.*

- Suggest making a time capsule (an old biscuit tin for instance) filled with things that belonged to the old self (the one that was really hurt in the bad old days) and then performing a ritual of burying the capsule deep in the back yard. You can think of it as a permanent burial of old stuff. When your young person is completely well, there is always the option of digging it up and sorting through again; then they can rebury it with new stuff if they have to.*
- Suggest holding a tree-planting ceremony to celebrate the start of a new chapter in life. Again, how many young people have an interest in gardening or might get out there and do this? Don't know. But the idea is that they are planting something little and new that will grow day-by-day, year-by-year (yes, you may have to water it). Each day they look, it will symbolise that new start in their life growing inch-by-inch, flower-by-flower.*
- Suggest keeping a diary, to fill in the good, the bad and the ugly. They could draw, scribble, and add photos. For special words they could use codes that other people would not understand (even if the diary were to be read).*
- Suggest they make a special healthy lunch for school each day. Eating healthy will provide more energy and anyway it tastes better. Make sure they treat themselves with something special once in a while...*

**Strategies for coping with self-injury.** If you read other books or advice manuals, or look up self-injury help sites on the Internet, you will find lists like this one. Sometimes young people look at the list, and immediately go “Duh! I would never do that” or “That couldn’t possibly work”. When we spoke to all the young people we know, it was clear that some things work for some people, some of the time.

We don’t claim that either they will work, or that your young person will react kindly to the suggestions. However, try to get them to try each one, before either of you dismiss it...

- *Take a deep breath and count to 10*
- *Wait 15 minutes before self-injuring*
- *Provide a distraction by going for a walk, watching TV, talking to a friend*
- *Think through all the things that are really important - (a pet, special friends, or a new sleeveless top they want to buy)*
- *Spend some time thinking about all the things that makes them feel special, or that gives their life meaning*
- *Write in a journal, draw, or express feelings in another way*
- *Think about something positive that happened in the last week, and try to work out how to get it to happen again*
- *Focus on goals for next week*
- *Practise relaxation exercises, breathing slowly*
- *Focus on the moment how they are feeling right now; keep at it till the bad feeling goes away (it will!)*

Some of these may need special training in relaxation or ‘mindfulness’, and are part of a number of therapies.



## 9. SEEKING SOLUTIONS

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One of the ideas which has crept into various forms of therapy in recent years is the idea of focusing on solutions rather than focusing on the problems all the time. This idea may be useful to you in working with a student who self-injures. Don't misunderstand – we are not trying to turn you into a therapist. We are sure you would not want that responsibility, but as a way of thinking, it has some merit.

It is all too easy in our modern lives to end up focusing on all the problems of our daily lives. Self-injury adds one more serious problem to the mix, and it may be easy to become obsessed about it, ruminating on the possible causes and sequelae. None of that may be helpful to anyone.

Key questions to ask yourself and your student (and it may be best done as a collaborative discussion):

- *When does self-injury NOT happen?*
- *What is the longest interval between episodes of self-injury?*
- *What was happening during those days or weeks?*
- *What were other people doing?*
- *How were people getting on?*
- *Who knew that there was no self-injury?*
- *Who was supporting the young person during this time?*
- *Were there just ordinary every day things happening, or were there special events?*

If you can get to answer these questions it may be the beginnings of a solution. The theory goes that if you do one or more of these positive things more often, or for a longer time, it may help.

As an example, if your student has a special friend, and they came over one weekend, and everything was happy and light and easy – and the halo effect from this lasted three days – and there was no self-injury, why would you not repeat the experience?

Another example, if you have a verbal fight with your student, and you find out that he or she self-injured the next day – but on the other hand when you can resolve issues without fighting and there does not appear to be any self-injury for weeks, why would you not try to solve problems and issues early and with the least anger and heat?

None of this is easy, and you may need to be your own detective, hunting down all the little and big good things and making them last longer, or have more meaning, or at least get discussed;

“I’ve noticed that when you are swimming regularly in our pool during summer, you seem in much better spirits. Would you like me to organise some times at the local indoor pool for you during the winter?

## 10. A NOTE ABOUT SELF-INJURY AND SUICIDE

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Understanding the relationship between self-injury and suicidal behaviour is one of the most complex areas for anybody working with people who self-injure. While self-injury is usually not related to suicidal thoughts or feelings, in some cases people who self-injure do report life not being worth living, and a feeling of wanting to die.

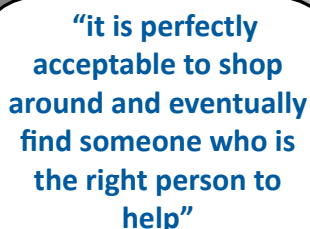
When we spoke to young people who self-injure, what was really important to understand was that many of them talked about self-injury *actually keeping them alive* and reducing their wish to suicide; in other words self-injury became a sort of coping mechanism.

On the other hand, many young people talked about self-injury serving functions that had nothing to do with suicide or feeling suicidal. Many young people were really angry about responses from professionals who assumed they were suicidal when they were just self-injuring to release or control feelings. Despite this, some young people had been suicidal at some point, and they had self-injured with both suicidal and non-suicidal intent at different times (we said it was complicated).

What this means is that if you are concerned that a student might have thoughts of ending their life it is really important you speak to the student, encourage them to see a mental health professional or refer to the resources at the back of this booklet.

## 11. GETTING HELP

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**“it is perfectly acceptable to shop around and eventually find someone who is the right person to help”**

It is generally agreed that an important part of treatment is facing up to underlying or old issues and problems that relate to self-injury, such that people are more able to cope and, in turn, become less likely to self-injure.

The young people we interviewed had a range of experiences with professionals and others in regards to self-injury. The experiences ranged from positive and helpful to the negative and punitive.

For the Professionals who listen to the young person, don't judge them by their self-injurious behaviour. Work at building good rapport, don't push the young person to stop the behaviour before helping the young person to find adequate alternative coping strategies; assist with coping skills, work in a person-centred, solution focussed way, and don't 'freak out', were viewed favourably by the young people we interviewed.

Mental health professionals take a number of different approaches to helping their clients. Approaches that have shown some success with people who self-injure include Cognitive Behavioural Therapy (CBT), Dialectical Behavioural Therapy (DBT), Mindfulness, and Problem Solving Therapy. Other therapies may be helpful – for instance expressive therapies like Voice and Movement Therapy – but these have been less researched, and most professionals prefer therapies with strong evidence that they work.

**Cognitive Behaviour Therapy (CBT)** is a psychological therapy that aims to address issues such as anxiety and depression, as well as a range of other mental health concerns. The focus is on changing the way individuals think, which impacts on the way they feel and the way they act. The approach often involves teaching effective problem solving skills, coping strategies, how to manage exposure to challenging situations, relaxation, identifying thoughts and feelings, and challenging individual beliefs.

**Dialectical Behaviour Therapy (DBT)** was specifically developed for the treatment of people who engage in self-injury and/or suicidal behaviours. The focus of DBT is both accepting the individual being treated (from the perspective of the therapist conveying acceptance and the patient learning acceptance), helping the person to change behaviours that may be self destructive (such as self-injury), and working towards a life that is fulfilling to them.

Learning **Mindfulness** is one of the many ideas that are part of DBT, and can in itself assist people who are anxious or depressed, or who engage in self-injury. Mindfulness is being aware or paying attention to the stimuli coming through your senses, that is, what you see, smell, taste, feel and hear (the unfolding of experience in the present moment). This includes being aware of your emotions and your thoughts. An important element is to learn to be non-judgmental, just accepting whatever comes to your mind moment by moment.

Potential benefits of mindfulness include staying focused, particularly at times of high emotion when the many incoming thoughts or ideas or stimuli may cause one to feel ‘scattered’. It helps people to act less impulsively by enhancing awareness of urges to action. For those who go over and over upsetting things (‘ruminate’) at length, it may help them to turn attention to other things or turn off the stream of images and thoughts. It increases the capacity to experience joy. Ultimately, (once you have got the idea and practise regularly), the awareness can help you experience a richer quality of life.

**Problem Solving Therapy (PST)** is a brief psychological intervention that focuses on identifying specific problems an individual is facing, and generating alternative solutions to these problems. Individuals learn to clearly define a problem they face, brainstorm multiple solutions, and decide on the best course of action. A key element of PST is testing the chosen solution to see if it is effective, and refining the decision-making and problem solving strategy if necessary. Learning and practising the process helps you identify and effectively solve problems you face in the future.

There is one final area we need to discuss, and that is ‘acute care’. There may be times when you believe that the injuries need medical attention, or where you are beginning to believe that either the whole situation is becoming more serious, or you are beginning to feel you cannot cope. Either way you may feel that a professional assessment is really important.

Make these decisions early if you can, encourage your student to visit their GP, or a local youth mental health service (like CYMHS or Headspace). If you leave it too long, then there may be a crisis, neither you nor your student may know where to turn, and the sheer anxiety attached to help-seeking may make things worse.

Having to go to an Emergency Department at a hospital is not fun

for either you or your young person. These are busy places, and often the staff either do not have the skill to deal with self-injury, or are angry and resentful about 'self-inflicted wounds'. We have heard stories of young people being left alone for hours before being treated, or (in a few cases) actually being sewn up with no anaesthetic. Clearly this should not happen, and we have to seek solutions to ensure it does not.

As we noted earlier, the best thing is to ensure your student does not go to an Emergency Department alone. You might like to contact the student's parents and ensure they are able to attend with their child. Again, it may not be a fun experience, but you may be able to stop further traumatising experiences from occurring, or remind staff that this is the only way that your student can manage their emotions at this time, and they should be careful not to make things worse by an abusive or stigmatising approach. But remember, you may need to discuss things with your best friend or partner afterward, just to debrief and clear your own feelings.

## 12. USEFUL RESOURCES

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If you, or someone you know, would like more information about self-injury the following resources may be useful:

### National Services

- *Kids Help Line (instant telephone support – special expertise for young people) (1800 551 800) [www.kidshelp.com.au](http://www.kidshelp.com.au)*
- *Lifeline (instant telephone support – special expertise in self-harm) (13 11 14)*
- *SANE Australia (complaints about services or media/support) (1800 187 263) [www.sane.org](http://www.sane.org)*

### Queensland Services

- *Aboriginal and Islander Community Health Service [www.aichs.org.au](http://www.aichs.org.au)*
- *Alcohol and Drug Information Service [www.adin.com.au](http://www.adin.com.au)*
- *Brisbane Youth Service [www.brisyouth.org](http://www.brisyouth.org)*
- *Brisbane Rape and Incest Survivors Support Centre [www.brissc.org.au](http://www.brissc.org.au)*
- *Child and Youth Mental Health Services [www.health.qld.gov.au/rch/professionals/cymhs.asp](http://www.health.qld.gov.au/rch/professionals/cymhs.asp)*
- *Domestic Violence Resource Centre [www.dvrc.org.au](http://www.dvrc.org.au)*
- *Homeless Persons Information Queensland 1800 47 47 53 [www.housing.qld.gov.au](http://www.housing.qld.gov.au)*
- *The Hothouse – Finney Road (for alcohol and drug use problems) 1800 177 833*
- *Mental Health Association Qld [www.mentalhealth.org.au](http://www.mentalhealth.org.au)*



## Mental Health Websites

- *Beyondblue (information about depression)*  
[www.beyondblue.org.au](http://www.beyondblue.org.au)
- *Headroom (mental health info for young people)*  
[www.headroom.net.au](http://www.headroom.net.au)
- *LiFe (Commonwealth funded site with all info on suicidality)*  
[www.livingisforeveryone.com.au](http://www.livingisforeveryone.com.au)
- *Mental Health Associations across Australia*  
[www.mentalhealth.asn.au](http://www.mentalhealth.asn.au)
- *MoodGym moodgym.anu.edu.au/welcome*
- *National Institute of Mental Health (US site – good info on mental health)* [www.nimh.nih.gov](http://www.nimh.nih.gov)
- *Psychcentral* [www.psychcentral.com](http://www.psychcentral.com)
- *Reach Out! (by young people for young people - broad information)* [www.Reachout.com.au](http://www.Reachout.com.au)
- *Reality Check/Media Check* [www.realitycheck.net.au](http://www.realitycheck.net.au)
- *Mobile Safety Services* [www.ruok.com.au](http://www.ruok.com.au)
- *Young Adult Health* [www.cyh.com/HealthTopics](http://www.cyh.com/HealthTopics)

## Websites – Self-Injury Specific

- *ASHIC: American Self-Harm Information Clearinghouse*  
<http://www.selfinjury.org/>
- *LifeSIGNS: Self Injury Guidance and Network Support*  
<http://www.selfharm.org/>
- *Lysamena Project on Self-Injury: Christian-based self-injury information and resources* <http://www.self-injury.org/>
- *RecoverYourLife.com* <http://www.recoveryourlife.com/>
- *S.A.F.E. Alternatives®: Self Abuse Finally Ends*  
<http://www.selfinjury.com/>
- *Self-Injury And Related Issues* <http://www.siari.co.uk/>
- *Self-injury guidance and network support*  
[www.lifesigns.org.uk](http://www.lifesigns.org.uk)
- *Self-Injury on Wikipedia*  
<http://en.wikipedia.org/wiki/Self-harm>
- *Self-Injury Support* <http://www.sisupport.org/>
- *selfinjury.net* <http://www.selfinjury.net/>
- *Self-injury: a struggle* <http://www.self-injury.net/>
- *Self-injury: you are not the only one*  
[www.palace.net/~llama/psych/injury.html](http://www.palace.net/~llama/psych/injury.html)
- *The International Self-Mutilation Awareness Group*  
<http://flmac.tripod.com/ismag/index.html>
- *The National Self-Harm Network* <http://www.nshn.co.uk/>
- *Understanding Self-Harm* <http://harm.me.uk/>
- *Young people and self-harm*  
<http://www.selfharm.org.uk/default>



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